

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5037AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2008
NAME OF PROVIDER OR SUPPLIER JC GROUP HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 3475 SCOTTSDALE RD RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/19/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly disabled persons, Category II. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000	<div style="text-align: center;"> <p>RECEIVED</p> <p>JAN 06 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> </div> <div style="text-align: right;"> <p><i>Need Certificate fixed 1/15/09</i></p> </div>	
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196</p> <p>1. A caregiver of a residential facility must:</p> <p>(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/19/08, the facility failed to ensure 2 of 3 caregivers received eight hours of annual training (Employee #2 and #3).</p> <p>Severity: 2 Scope: 3</p>	Y 070		
			<p>Y 070</p> <p>1) Employee #2 had gotten 8 hours training related to the needs of the resident.</p> <p>Employee #3 had gotten an 8 hours training related to the needs of the resident.</p> <p>2) The Administrator has to check the 8 hours annual training of the caregivers every year. <i>ATTACH MONT #5</i></p> <p>3) 01/05/09</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Carol Thomas* TITLE *Owner-Caregiver* (X6) DATE *01-06-09*

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Y 103 Y 103 SS=F	Continued From page 1 449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 11/19/08, the facility failed to ensure 3 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing(Employee #1, #2, and #3). Severity: 2 Scope: 3	Y 103 Y 103	Y 103 1) Employee #1, #2 & #3 had gotten the Tuberculosis skin test . 2) The Administrator must always Check the record of all employees. Must comply with NAC 441A.375 Of the NAC. ATTACHMENT #6 3) 01/05/09	
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and staff interview on 11/19/08, the facility did not ensure that kitchen floor tiles were secure and would not cause a slipping/ tripping hazard for all residents (Resident #1, #2 and #3). Severity: 2 Scope: 3	Y 175	Y 175 1) The facility were able to repair the tiles in the kitchen and laundry floor. 2) The facility must ensure the safety and free from hazards of the client while in the premises. Enclosing the picture attachment #1 showing the had been Replaced. 3) 01/05/09	

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Y 455	Continued From page 2	Y 455		
Y 455 SS=F	<p>449.231(2)(e) First Aid Kit - CPR Mask</p> <p>NAC 449.231</p> <p>2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 11/19/08, the facility did not ensure a cardiopulmonary resuscitation (CPR) mask or shield was available in the facility for the safety of all residents in the facility (Resident #1, #2 and #3).</p> <p>This was a repeat deficiency from the 10/11/07 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 455	<p>Y 455</p> <p>1) The facility had procured the CPR mask or shield for the safety of the clients.</p> <p>2) The Administrator must be sure of the availability of the mask for the safety of the residents. Attachment #2</p> <p>3) 01/05/09</p>	
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p>	Y 859	<p>Y 859</p> <p>1) #1 resident had a Physical exam given by her Dr.</p> <p>2) The Administrator will always check the resident file and be sure that every residents prior acceptance to the facility must have a physical exam. Attachment #3</p> <p>3) 01/05/09</p>	

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Y 859	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 11/19/08, the facility failed to ensure 1 of 3 residents received a physical prior to admission (Resident #1). Severity: 2 Scope: 1	Y 859		
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 11/19/08, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 3 residents (Resident #1 and #2). Severity: 1 Scope: 3	Y 898	Y 898 1) Resident #1 and #2 has an Accurate MAR. 2) the Administrator will always check the MAR of each resident every month to assure accurate list of medicine. Attachment #4	

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